U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5633	2. Fiscal Year Covered From:	
	1/1/2004 Through: 12/31/2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Michael H. WEir	Name Iron Workers Local 512	
	Labor Organization File Number 0 え ネー/ 58	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 851 Pierce Butler ROUTE	Street 851 Pierce Butler Route	
city ST. PAUL	city ST. Paul	
State M. UNESOTA ZIP Code + 4 55104-1634	State MINNESOTA ZIP Code + 4 55104-1634	
5. Position in labor organization. Business Represent	Tive	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of		
monetary value from an employer whose employees your organizati	on represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Wishael N. Weir	On 7-6-2005 651-489-1488 Date Telephone Number	
Form LM-30 (2003)	1/7	

Name of Person Filing Michael H. Weit	File Number U -	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Twin City Iron Workers Kings Benefit Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Suits 500 Street 300 Metro Drive City Blooming tow	9. Business deals with: a. Labor Organization b. Trust c. Employer	
State M:NNE soTA ZIP Code + 4 55425-1412 10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	AcTS AS A ERISA Trust Funds For Participants	
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Box Lunches provided in Connection With ATTENDANCE AT Twin City Iron Workers Fringe Benefithands Trustee MEETINGS ON 2-10-04/5-12-04 7-20-04/8-25-04/11-20-04	
	12.b. Amount. \$50.00	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Form LM-30 (2003)

Page 2/7

Name of Person Filing Michael H. WEIT	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Twin City I for Workers Apprentice and training Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 500 Street 300 METro Orive City Blooming Ton State Minnes of Business (including trade name, if any).	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Provides Apprentice training and
Trade Name, if any:	JOURNEYMAN Upgrading SErvicES
P.O. Box, Bldg., Room No., if any	
Street	
City	11.b. Approximate dollar value of such dealing. 4300,000.00
State ZIP Code + 4	Box Lunches provided in Connections with ATTENDANCE AT The local and regional joint apprenticeships Trustee MEETINGS ON 1-28-04/4-7-04/8-12-04 9-29-04/10-6-04
	12.b. Amount. 950.00

Name of Person Filing Wichael H. WEir	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or incomplete the consists of buying from or selling or leasing directly or incomplete with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Twin City Than Works Frings Benefit Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Suits 500 Street 300 METRO Drivs City Blooming Ton State Minnesota ZIP Code + 4 55425-1412	9. Business deals with: X a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Acts As A ERISA trust Funds FOL PArticipants
Street	11 h Approximate della color of such della (1)
City	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
State ZIP Code + 4	REIMBUYSEMENT OF EXPENSES IN CONNECTION WITH Fringe BENEFIT FUND TRUSTEE EDUCATIONAL SEMINAYS held IN NEW Cleans, LA. ON NOU. 30TH THYU DEC. 4, 2004- AIRFAIRE 383.40 ROOM 979.28 QUOUND TYANSPORTION AND PARKING 142.00
	12.b. Amount. \$ 1,604.53

Name of Person Filing MichAEI H. WE; &	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activity (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	vise dealing with the business /ely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Twin City Trow Workers Apprentice and Training Fond Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite Soo Street 300 METro Drive City Blooming Tow State Minnessota ZIP Code + 4 55425-1412	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Provides APPYENTICE Training And JourneyMAN opprading Services
Trade Name, if any:	o emcymino of principle of seroices
P.O. Box, Bldg., Room No., if any	
Street	11 h Approximate della color of such della .
City	11.b. Approximate dollar value of such dealing. \$300,000.00
State ZIP Code + 4	Reception And dinners provided in CONNECTION WITH ATTENDANCE AT Apprentice 9 rAduation CEVEMONIES ON 4-30-04 and 10-29-04, with wife Also ATTENDING
	12.b. Amount. \$ 104.00

Name of Person Filling Michael II. WEIT	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Great Lake Stabricators + Erectors Association Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 110 Street 100 Woodward City Detroit State Michigan ZIP Code + 4 48224	14.a. Nature of payment. CockTa: reception in connection with Iron Workers Joint Tri-District Council Meeting in Bellaire, Michigan ON 7-7-04 with wife Also Attending	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$50.00	
^	. 1-	

Name of Person Filing	M (1 - 1	1.1	1.1021	File Number U -
Name of Croon Fining	///ichAEI	<u> </u>	WEIF	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name W: SON-Mc Shane Corporation Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 500 Street 300 MeTro Drive City BloomingTon State Minne Sota ZIP Code +4 55435-1418	14.a. Nature of payment. DINNEH FOR MYSEIF AND WIFE 78 TICKETS AND REFYESHMENTS TO THE SNUG HARBOUF JAZZ Club FOR MYSEIF + WIFE \$85 BOTH ON 11-30-04		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$ 163.00		

Form LM-30 (2003)